

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM TO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		3					54					
5		1					55					
6	1		1				56					
7		1					57					
8			1				58					
9			1				59					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL							TOTAL					